

MEMBERSHIP APPLICATION FORM

Membership subscription is \$25 for a year, reducing depending on the month you join:
joining January – March: \$25, joining April – June: \$20, joining July – September: \$15
joining October or November: \$10, \$25 for 13 months if joining in December.

Title	First / Preferred Name	Surname	Landline Phone No.	Mobile Phone Number

Street Address	Suburb	City	Post Code

Email	Current or previous occupation (e.g. electrician, teacher)

To assist us when we make funding applications, please provide the following optional information:

Date of Birth	NZ European	Maori	Pacific Is	Asian	Other

If you would like us to contact someone in an emergency please provide:

Name	Relationship (eg. partner, friend)	Contact phone number

Privacy statement:

By providing my personal information to SeniorNet Wellington (SeniorNet):

I acknowledge that this personal information will be collected and stored by SeniorNet;

1. I agree that SeniorNet may collect, store, use, and disclose my personal information:
 - a. to provide information or services to me;
 - b. for administrative purposes, including managing records of members;
 - c. to contact me;

for any other reason permitted by the Privacy Act 2020.

I acknowledge that if I do not provide the requested personal information, then SeniorNet may not be able to process my membership application or provide information or services to me;

I agree to advise SeniorNet of any changes to my personal information, so that SeniorNet can keep the information held up-to-date; and

I acknowledge that I have a right to request access to, or correction of, the personal information held by SeniorNet.

Disclaimer

I acknowledge that:

1. By submitting this application, I am consenting to becoming a member of SeniorNet Wellington Incorporated.
2. I am solely responsible for keeping my passwords secure and will not divulge them to SeniorNet Tutors or Officers.
3. In requesting SeniorNet Wellington to provide services, including help with my device(s), I acknowledge and agree any such services will be provided by volunteers on a "all care, no responsibility" basis and that neither SeniorNet Wellington, nor any of its tutors, will be liable for any loss, damage or cost howsoever caused arising out of, or in any way related to, such services or SeniorNet Wellington's, access to or use of my device(s), including:
 - a. loss, damage or corruption, of any software, files or data, on my device(s), or the cost of retrieving, restoring or recreating such data, records or files; or
 - b. loss or damage to my device(s), including the loss of functionality of my device(s).
4. I agree that I will not bring any claim against SeniorNet Wellington, or any of its tutors in relation to any services provided.

Signed: _____

Date: _____

Please indicate how you are paying your membership fee

- Cash**
- Online Banking; date of payment _____ Amount paid _____**

Deliver this completed form to the office between 10am -12Noon weekdays (except Wednesdays). If paying cash, please bring payment to the office.

If paying by internet banking - our Bank Account is 06 0501 0624049 00 (preferred option)

You may also pay using your bank's one-off payment facility. Please provide your details as follows:

Your Name - In Particulars section

Your Initials -In Code section

"NEW" (or 3 zeros for Kiwibank customers) - In Reference section

For Office Use: Date Processed: _____ Cash receipt No. _____ Member No. _____

Payment: Membership Fee \$..... Other (.....) \$..... Total Paid \$_____